

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567973

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		3		1			
5		1		1			
6		1		1			
7		1		1			
8		1		1			
9		1		1			
10		1		1			
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48							
49							
50							
TOTAL IND.	1	↓	2	↓			↓
TOTAL DEP.	19	←	18	←			←
TOTAL CLAIMS	20		20				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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97							
98							
99							
100							
TOTAL IND.					↓		↓
TOTAL DEP.					←		←
TOTAL CLAIMS							